

## DECLARATION FOR PATENT APPLICATION

Docket Number (Optional)

- As a below named Inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SUPPORT SYSTEM FOR LATERALLY REMOVABLE SASH, the specification of which

Is attached hereto unless the following box is checked:

was filed on \_\_\_\_\_ as United States Application Number or PCT International Application Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (If applicable).

- I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Priority Not Claimed 

Prior Foreign Application(s)

(Number)	(Country)	(Day/Month/Year Filed)
----------	-----------	------------------------

  


(Number)	(Country)	(Day/Month/Year Filed)
----------	-----------	------------------------

(Application Number)	(Filing Date)
----------------------	---------------

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

(Application Number)	(Filing Date)
----------------------	---------------

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application Number)	(Filing Date)	(Status -- patented, pending, abandoned)
----------------------	---------------	--

(Application Number)	(Filing Date)	(Status -- patented, pending, abandoned)
----------------------	---------------	--

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Address all telephone calls to \_\_\_\_\_ at telephone number \_\_\_\_\_

Address all correspondence to \_\_\_\_\_

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

William P. Newton

Full name of sole or first inventor (given name, family name) \_\_\_\_\_ Date 4-17-97

Inventor's signature William P. Newton Date 4-17-97

Residence 10 Winding Country Lane, Spencerport, NY Citizenship U.S.

Post Office Address 10 Winding Country Lane, Spencerport, New York, 14559

Full name of second joint inventor, if any (given name, family name) Robert M. Lucci

Second Inventor's signature Robert M. Lucci Date 4-17-97

Residence 3248 Winton Rd. S., Rochester, NY Citizenship U.S.

Post Office Address 3248 Winton Road South, Apt. K34, Rochester, New York, 14623

Additional inventors are being named on separately numbered sheets attached hereto.

**DECLARATION FOR PATENT APPLICATION**

Docket Number (Optional)

As a below named Inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled  
**SUPPORT SYSTEM FOR LATERALLY REMOVABLE SASH**, the specification of which

is attached hereto unless the following box is checked:

 was filed on \_\_\_\_\_ as United States Application Number or PCT International Application Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or Inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or Inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112,

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application Number)	(Filing Date)	(Status -- patented, pending, abandoned)
(Application Number)	(Filing Date)	(Status -- patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Address all telephone calls to \_\_\_\_\_ at telephone number \_\_\_\_\_  
Address all correspondence to \_\_\_\_\_  
\_\_\_\_\_

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first Inventor (given name, family name) Thomas F. BattenInventor's signature the Batten Date 4/17/99Residence 697 Hightower Way, Webster, New York Citizenship U.S.Post Office Address 697 Hightower Way, Webster, New York, 14580

Full name of second joint Inventor, if any (given name, family name) \_\_\_\_\_

Second Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

 Additional inventors are being named on separately numbered sheets attached hereto.